

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

March 7, 2016

Mr. Jason Ploof, Manager
Cota's Hospitality Home
1079 South Barre Road
Barre, VT 05641-8115

Dear Mr. Ploof:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on January 26, 2016. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/26/2016
NAME OF PROVIDER OR SUPPLIER COTA'S HOSPITALITY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1079 SOUTH BARRE ROAD BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite licensure survey and complaint investigation was conducted on 1/24-26/2016 by the Division of Licensing & Protection. The following regulatory deficiencies were identified:	R100	Please see attached plan of correction.	
R112 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.2 Admission 5.2.d On admission each resident shall be accompanied by a physician's statement, which shall include: medical diagnosis, including psychiatric diagnosis if applicable. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to assure that on admission each resident is accompanied by a physician's statement, which includes: medical diagnosis, including psychiatric diagnosis if applicable for 3 residents in a sample of 5. Findings include: Per record reviews on 1/26/16 there are no physician's admission statements found for 3 of the 5 residents in the sample, Residents #1, #3, and #4. Residents #2 and #5 are newly admitted and have Physician statements from the hospital they were in prior to admission. In interview the facility Assistant Manager and Manager stated that the facility has not obtained, prior to or at admission, a statement from the resident's admitting physician which includes a diagnosis list, a list of current medications and a medical summary.	R112		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

03/01/16

R112 - R221 PDCs accepted 3/7/16

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R129	Continued From page 1		R129		
R129 SS=E	V. RESIDENT CARE AND HOME SERVICES		R129		
	5.5 General Care				
	5.5.d A home certified to provide assistive community care services (ACCS) shall designate a staff person responsible for case management, who shall provide at least the following case management services: maintenance and implementation of a current assessment and plan of care, and coordination of available community services.				
	This REQUIREMENT is not met as evidenced by: Based on staff interviews the facility, which has ACCS residents, failed to designate a staff person responsible for case management, who provides at least the following case management services: maintenance and implementation of a current assessment and plan of care, and coordination of available community services. Findings include: Per staff interview with the facility Manager and Assistant Manager on 1/26/2016 at 2:40 PM, the facility does not have an appointed case manager for residents who receive ACCS funding.				
R136 SS=E	V. RESIDENT CARE AND HOME SERVICES		R136		
	5.7. Assessment				
	5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental				

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R136	Continued From page 2 condition. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that each resident is reassessed annually for 3 of 3 applicable residents in a sample of 5. Findings include: 1). Per record review Resident #1 has an annual assessment completed in 2014 and the 2014 assessment was updated in several places and signed as the 2015 assessment. The Assistant Manager confirmed in interview on 1/27/16 at 11:10 AM, that this was the process put in place by the previous LPN Manager. 2). Per record review Resident #3 did not have any 2015 assessment which was complete and signed as complete. 3). Per record review Resident #4 was admitted 7/23/13. There is an assessment signed 1/31/14 in the record which is not signed as complete by the nurse. There is an assessment dated in 2015 which was signed as complete by the RN Manager in January of 2016. The Manager and Assistant Manager confirmed on 1/27/2016 at 10:50 AM that the assessments in the record were the most recent assessments available for all residents reviewed.	R136			
R147 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.9.c (4)	R147			

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R147	Continued From page 3 Maintain a current list for review by staff and physician of all residents' medications. The list shall include: resident's name; medications; date medication ordered; dosage and frequency of administration; and likely side effects to monitor; This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to maintain a current list of all residents' medications which includes the resident's name; medications; date medication ordered; dosage and frequency of administration; and likely side effects to monitor. Findings include: Per record review there is no list of current medications found in all resident records. In an interview on 1/26/2016 at 11:15 AM the facility Manager and Assistant Manager confirmed that there is no process for obtaining an updated list of medications.	R147		
R188 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(2) A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident	R188		

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R188	<p>Continued From page 4</p> <p>and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that a record for each resident contained all required documentation for 3 residents in a sample of 5. Findings include:</p> <p>1). Per record review Resident #1 (R#1) was admitted on 6/2/2005. A review of the current record did not have assessments prior to 2013. In an interview on 1/27/16 at 10:50 AM, the Assistant Manager stated that no assessment dated in 2005 was available for R#1.</p> <p>2). Per record review Resident #3 was admitted to the facility on 6/30/2003. There was no admission assessment present in the active record during record review on 1/26/2016. In an interview on 1/27/16 at 10:50 AM the Assistant Manager stated that no assessment dated in 2003 was available for resident #3.</p> <p>3) Per record review on 1/25/2016 Resident #4 was admitted on 7/23/2013 there was no admission assessment present in the active record. The date of the first assessment was 1/31/2014, this assessment was not signed as complete by a nurse. In an interview on 1/27/2016 at 10:50 AM the Assistant Manager stated that no other assessment was available for this resident.</p>	R188			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

COTA'S HOSPITALITY HOME

**1079 SOUTH BARRE ROAD
BARRE, VT 05641**

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R213	Continued From page 5	R213		
R213 SS=E	<p>VI. RESIDENTS' RIGHTS</p> <p>6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A home may not ask a resident to waive the resident's rights.</p> <p>This REQUIREMENT is not met as evidenced by: Based on Resident and Staff interviews the facility failed to assure that residents are treated with consideration, respect and full recognition of the resident's dignity. Findings include:</p> <p>Per interview on 1/26/2015 a resident, who wishes to be anonymous, stated that the building owner (who also performs direct care duties) has told him/her to "Go to your room.". The residents remarks "It's insulting and embarrassing...I'm not 12!".</p> <p>Per resident interviews two residents, who wish to remain anonymous, and who were not included in the previous visit on 1/6/2016, stated that they have been hollered at and threatened. The first resident stated that the owner has hollered at them loudly in front of others. They added that s/he has said, "I will give you a 30 day notice if you keep it up." Additionally the resident stated that other residents are also afraid to say anything when the "state" is here. The second resident stated that the owner has hollered at him/her and that s/he has been told "If you don't like it you can leave" and "You will not have any place to live. Is that what you want?"</p> <p>In an interview on 1/26/2016 at 4 PM the Assistant Manager did acknowledge that, at</p>	R213 R213		

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R213	Continued From page 6 times, the owner uses a loud "tone of voice" with residents and has said, "If you don't like it you can leave."	R213			
R221 SS=E	<p>VI. RESIDENTS' RIGHTS</p> <p>6.7 Residents may manage their own personal finances. The home or licensee shall not manage a resident's finances unless requested in writing by the resident and then in accordance with the resident's wishes. The home or licensee shall keep a record of all transactions and make the record available, upon request, to the resident or legal representative, and shall provide the resident with an accounting of all transactions at least quarterly. Resident funds must be kept separate from other accounts or funds of the home.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview the facility failed to assure that, for resident's for whom the facility manages personal funds, the resident has signed a request for the facility to manage funds, there is a record of all transactions, and the resident or their representative a quarterly accounting of all transactions. Findings include:</p> <p>Per staff interview on 1/25/2016 the Assistant Manager confirmed that the facility has initiated hand written requests for a personal funds account and that they are in the process of obtaining signatures, and that the facility does not provide quarterly statements to the resident or representative.</p>	R221			

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Provider's Plan of Correction
Cota's Hospitality Home
Date Survey Completed: 1/27/16
Prepared by: Jason L Ploof, RN/Office Manager.

PAKED
3/1/16

R100 - Acknowledge receipt of deficiency statement by DLP. However, our facility records confirm the survey was actually conducted on January 25-27, not January 26-28 as noted in the statement of deficiencies.

R112 - All new residents will continue to receive initial assessments on admission. All previous assessments have been completed by the new Office RN as of 2/29/16. All residents have a newly signed physician admitting statement, with updated code status and requests for dietary orders were sent out 2/26/16 for physician review and signatures. The admitting statements will include diagnosis, current medications, and a medical summary.

R129 - Residents without an assigned Case Manager will be assigned a Case Manager on Staff. I will assign myself as Manager, in writing, as the Case Manager for all residents that do not have third-party advocates by 3/11/16 (we are currently validating the case manager services provided by outside agencies for 10 of 17 residents to determine adequacy of services). Assigned Case Managers, including myself, will ensure the resident receives a comprehensive assessment, a care plan specific to their needs, and coordination of available community resources to improve their ADLs and maintain their physical and psychosocial health. All residents receiving ACCS funding will receive Case Management Services.

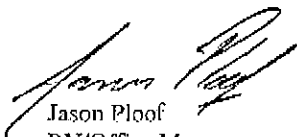
R136 - Annual reassessments will be completed on the anniversary of the initial assessment and whenever there is a change in resident condition requiring a change in their care plan. As noted above in R112, all assessments are current as of 2/29/16.

R147 - Our pharmacy, Health Direct will continue to send monthly medication lists that include residents name, medication, date medication was ordered, dosage, frequency of administration, and likely side effects to monitor. Every month, all staff will read and return understanding (with initials to verify review) of each patients medical regimen. These records were on hand during the surveyors visit. The Assistant Manager asked the surveyor if she would like to see these records in the Medication Profile Log, however, surveyor declined and submitted this deficiency in error. The medication profiles for each resident will continue to be easily accessible to staff at all times.

R188 - As noted in R112, all assessments are complete as of 2/29/16.

R 213 - The complaints of the two residents identified in survey, dated 1/26/16, are the same resident complaints detailed in survey, dated 1/6/16. Our facility conducted a mandatory all staff in-service; entitled "Respectful and Effective Interaction with Residents" (annual required training), provided by the new RN. This training provided a comprehensive overview of resident rights and staff responsibility to ensure all residents are treated with consideration, respect, and dignity. We discussed non-negotiables in our care for our residents that includes techniques and procedures for effective and therapeutic care and improved communication. Training and role play was conducted to reinforce staff/resident boundaries and reestablish standards for effective two-way communication. The Office Manager will provide oversight to staff and will continue to ensure resident's needs and dignity are maintained at all times.

R 221 - Our facility has maintained thorough records, in accordance with Vermont State resident rights regulations, of resident finances with quarterly invoices and statements. The surveyor failed to note that two of the three resident's who's funds we managed had only been admitted to our facility since December 2015 and wouldn't have quarterly statements yet. Contrary to the surveyors findings stating, "Assistant Manager confirmed that the facility has initiated hand written requests for a personal funds account and that they are in the process of obtaining signatures, and that the facility does not provide quarterly statements to the resident or representative." Signed authorization statements were already in place with signatures (see attachments).


Jason Ploof
RN/Office Manager
Cota's Hospitality Home
(802) 479-3118